

Adult Family Home Disclosure of Services

Required by RCW 70.128.280

HOME / PROVIDER Quality Care Adult Family Home 4530 64th Ave SE Lacey, WA 98513 Joyce Clair Dickinson, Provider	LICENSE NUMBER 752416 751304 - CB P. Reeves phone conv. w/ Joyce on 12/08/2014
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NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Quality Care Adult Family Home is committed to providing exceptional care based on the individual needs of our residents and focusing on their safety and well-being at all times. Quality of life, consideration and compassion are our guiding principles and we strive to make residents and their families feel at home.

2. INITIAL LICENSING DATE

04/23/2009

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

5511 32nd Ct SE, Lacey WA 98503

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A *Current address - 4530 64th Ave SE Lacey, WA 98513 4/23/2009*

5. OWNERSHIP

- ☐ Sole proprietor
☐ Limited Liability Corporation
☐ Co-owned by:
☒ Other: **S-Corp**

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

QCAFH, may provide assistance with eating by cueing, monitoring, cutting up foods, providing proper food consistency, proper tools and encouragement. QCAFH will also provide total assistance including delegated tube feeding.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

QCAFH, may provide assistance with toileting by cueing and monitoring to total assistance. The assistance provided will be for the use of the restroom, commode, bedpan or urinal. QCAFH will also assist transferring on/off toilet, cleaning, changing of incontinence pads, clothing and/or adjustment of clothing.

3. WALKING

If needed, the home may provide assistance with walking as follows:

QCAFH, may provide assistance inside the home and the outdoor area with walking, cueing, monitoring as well as one person assist.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

QCAFH, may provide transferring assistance from cueing and monitoring to a one person assist. Assistance will be provided to and from bed, chair, wheelchair, commode and to a standing position.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

QCAFH, may provide positioning assistance from cueing and monitoring to a one person assist. Positioning includes bed mobility from lying position and turning body side to side while in bed. Also includes positioning while in the wheelchair.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

QCAFH, may provide personal hygiene assistance from cueing, monitoring to total assistance. This includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face/hands and perineal care.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

QCAFH, may provide dressing assistance from cueing, set up, to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

QCAFH, may provide bathing assistance from cueing, set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

QCAFH, has three bathrooms including 2 roll-in showers equipped with shower chair or bench.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

QCAFH, provides medication assistance from cueing and set up to total assistance. If and when a task is delegable. QCAFH staff credentials are current and in good standing for nurse delegation and medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are delivered through a Long-term Care Pharmacy, refills are called in by provider.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

If nursing care is needed, QCAFH will coordinate with the homes RN nurse delegator, at the expense of the resident and or family member, if applicable.

The home has the ability to provide the following skilled nursing services by delegation:

Caregivers at QCAFH are Nursing Assistant Certified (NAR/CNA) or Long Term Care Workers (LTC). QCAFH caregivers have completed nurse delegation training and are willing to perform the following nurse delegation tasks: Administration of oral (including inhalants), topical medications, ointments and dressing changes as ordered by M.D.; Administration of nose, ear, eye drops and ointments; Administration of rectal and vaginal suppositories and enemas; Suppositories, enemas and ostomy care in an established and healed condition; Blood glucose monitoring; Gastronomy feedings in an established and healed condition; and Other tasks delegated at the discretion of the delegating nurse.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

QCAFH will acquire, if necessary, a referral from an M.D. for a Home Health agency for skin care evaluation and treatment

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

<input checked="" type="checkbox"/> Registered nurse, days and times: Only, as needed.
<input type="checkbox"/> Licensed practical nurse, days and times: N/A
<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: 24 hours a day, 7 days a week
<input checked="" type="checkbox"/> Awake staff at night
<input type="checkbox"/> Other:
ADDITIONAL COMMENTS REGARDING STAFFING 24 hour care with awake staff.
Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages: QCAFH accommodates any nationality, religion or belief system. Resident/Family must be able to communicate adequately in English.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: QCAFH, when available, has one Medicaid bed. If the bed is currently occupied there are no other Medicaid beds available in the home. QCAFH does not guarantee any Medicaid availability.
ADDITIONAL COMMENTS REGARDING MEDICAID
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).
The home provides the following: At Quality Care Adult Family Home, we strongly encourage our residents to be as active as possible. We will strive to involve residents in activities they enjoy participating in. QCAFH will work closely with residents and their representatives to include activities the residents have enjoyed throughout their lives and, if possible, offer residents opportunities to engage in them while at QCAFH. If activities are no longer of engagement value, we will look for new activities to better fit their needs and capabilities. Some activities are included to increase mental and physical stimulation. These might include reminiscing, gardening, light exercise, stretching, watching tv/movie night, listening to music/singing, arts and crafts, reading newspaper, manicure/pedicure (for non-diabetic) from staff, pet therapy with our house cat and other visiting pets (with appropriate proof of vaccination), professional in-home visits from a hair stylist (cuts and hairstyles, no perms) and celebration of birthdays as well as celebration and preparation of holidays.

ADDITIONAL COMMENTS REGARDING ACTIVITIES